

# 2003-2004 Application for Facilities Renovation and Repair

## Part I - Cover Page

**RETURN TO:** Child Development Division  
MB 03-06/FRR  
1430 N Street, Suite 6308  
Sacramento, CA 95814

**DUE IN CDD OFFICE BY: June 6, 2003  
5 p.m.**

Submit one (1) original and two (2)  
copies of the completed application

### A. Contractor Information

Legal Name of Contractor:		Vendor Number:				
Headquarters Address:		Name <u>and</u> Telephone Number of Contact Person:				
City/State/Zip:						
County:						
Executive Officer:						
Telephone Number:						

### B. Qualifying Contract Types (check all that apply)

- ☐ Campus Child Care (GCAM)  
☐ General Child Care and Development (GCTR)  
☐ Handicapped Child Care (GHAN)  
☐ General HUD Child Care (GHUD)  
☐ Extended Day Care (Latchkey) (GLTK)  
☐ Migrant Child Care and Development (GMIG)  
☐ State Preschool (GPRE)  
☐ Full-Day Preschool Wrap Around (GWAP)  
☐ Child Care Development Fund, Center-Based (FCTR)  
☐ Federal HUD Child Care (FHUD)

### C. Maximum Award Amount

Total Combined MRA for Qualifying Contract Types	Maximum Award Amount	Select one box only
C1. \$0 to \$999,999: Up to ten percent of total combined MRA <b>not to exceed \$25,000</b>	<b>Enter Amount Here:</b> \$	<input type="checkbox"/>
C2. \$1,000,000 to \$2,499,999	Up to \$50,000	<input type="checkbox"/>
C3. \$2,500,000 to \$4,999,999	Up to \$75,000	<input type="checkbox"/>
C4. \$5,000,000 to \$7,499,999	Up to \$100,000	<input type="checkbox"/>
C5. \$7,500,000 to \$9,999,999	Up to \$125,000	<input type="checkbox"/>
C6. \$10,000,000 and over	Up to \$150,000	<input type="checkbox"/>

### D. Total Estimated Project Costs (shall not exceed maximum award amount in Section C above)

\$

### F. Certification:

By submitting this application, the applicant signifies acceptance of responsibility to comply with all applicable state and federal rules and regulations including, but not limited to: Title 22, Community Care Licensing Regulations and Americans with Disabilities Act of 1990. The applicant understands the California Department of Education (CDE) is not obligated to fund any projects until a contract is fully executed; and expenditures incurred outside the approved contract period of performance will not be reimbursed.

The applicant understands a CDE funded program will operate at the facility(ies) benefiting from the use of these funds for at least three consecutive years from the date of contract completion, and the contractor may be billed for any portion of the three years the facility is not in use by a CDE program.

The Authorized Official certifies under penalty of perjury that to the best of his/her knowledge, the information contained in this application is correct and complete.

### E. Prorated Portion of Total Estimated Costs For **Certified** Enrollment (see Part III, page 6)

\$

### G. Signature of Authorized Official

Signature (blue ink)

Date

Print Name

Phone Number

Title

## Part II - Calculating Percentage of Certified Enrollment By Site

Site Application Number \_\_\_\_\_ of \_\_\_\_\_

**Note:** Contractors applying for this funding to accomplish renovations or repairs at more than one site must complete a separate Part II for each site.

<b>Contractor Name</b>			
<b>Site Name</b>		<b>Site License No.</b>	
<b>Site Address</b>			

Identify and report the eligible program with the highest percentage of certified enrollment for this site. The highest percentage of certified enrollment from an eligible program will be used to complete funding calculations. Use this page to document the program with the highest percentage for certified enrollment. Use the attached Worksheets to make this determination. Worksheets for the program with the highest percentage of certified enrollment are required to be attached to this application.

- Complete Section A if this site is 100% subsidized; and leave Sections B & C blank, or
- Complete Section B if the highest percentage of certified enrollment is in a program other than GLTK/Latchkey at this site; and leave Sections A & C blank (use Attachment A), or
- Complete Section C if the highest percentage of certified enrollment is in a GLTK/Latchkey program at this site; and leave Sections A & B blank. (Use Attachment B for reporting days of enrollment OR use Attachment C if reporting hours of enrollment.)

Section A	Section C
<input type="checkbox"/> A check in this box signifies this site has 100 percent subsidized enrollment for the following program type: Insert Contract Type: _____ • Enter "100 %" in Section D below.	<b>Complete for GLTK/Latchkey Programs.</b> (Please Note: Make sure to follow the bulleted instructions at the end of this Section.) <b>Complete items 1 – 4 below if reporting <u>days</u> of enrollment.</b> <b>If reporting <u>hours</u> of enrollment, use Attachment C and enter % in item 4(c) below:</b>
<b>Section B</b> <b>Complete for All Eligible Contract Types <u>Except</u> GLTK/Latchkey.</b> (Please Note: Adjustment factors do not apply to GPRE and GWAP programs and Worksheets referenced are not required to complete this section.) <b>1) Certified Enrollment (this site)</b> a. Total Adjusted Certified Days of Enrollment (Attachment A, Sec. 1): _____ b. Times calendar days operating: X _____ c. Equals "Certified child days of enrollment" (cde): = _____ <b>2) Noncertified Enrollment (this site)</b> a. Total Adjusted Noncertified Days of Enrollment (Attachment A, Sec. 2): _____ b. Times calendar days operating: X _____ c. Equals "noncertified cde.": = _____ <b>3) Total cde = Certified cde (1c) + Noncertified cde (2c):</b> = _____ <b>4) Percentage of Certified Enrollment:</b> Divide the "certified cde" by the "total cde." $\frac{(a)}{\text{Certified cde (1c)}} \div \frac{(b)}{\text{TOTAL cde (3)}} = \frac{(c)}{\% \text{ of Cert. Enrollment}} \%$ • Enter the % of Certified Enrollment [line 4(c) above] in Section D below.	<b>1) Certified Enrollment (this site)</b> a. Total Adjusted Certified Days of Enrollment (Attachment B, Sec. 1): _____ b. Times calendar days operating: X _____ c. Equals "Certified child days of enrollment" (cde): = _____ <b>2) Noncertified Enrollment (this site)</b> a. Total Adjusted Noncertified Days of Enrollment (Attachment B, Sec. 2): _____ b. Times calendar days operating: X _____ c. Equals "noncertified cde.": = _____ <b>3) Total cde = Certified cde (1c) + Noncertified cde (2c):</b> = _____ <b>4) Percentage of Certified Enrollment:</b> Divide the "certified cde" by the "total cde." $\frac{(a)}{\text{Certified cde (1c)}} \div \frac{(b)}{\text{TOTAL cde (3)}} = \frac{(c)}{\% \text{ of Cert. Enrollment}} \%$ • If % of Certified Enrollment [line 4(c) above] is 50% or over, enter 100% in Section D below. • If % of Certified Enrollment [line 4(c) above] is 49% or less, double the percentage and enter that total in Section D below.
<b>Section D</b>	
Insert the Highest Percentage of Certified Enrollment for this site: _____%	

## Attachment A

### Complete This Worksheet to Determine Adjusted Certified and Noncertified Enrollment for GCTR, FCTR, GHUD, FHUD, GMIG, GCAM and GHAN Contracts

Contractor Name	
Site Name	

#### Instructions for completing Section I and Section II:

Use ***cumulative*** certified and noncertified child days of enrollment for the reporting period ending March 31, 2003, to complete this worksheet. Indicate the total days of enrollment for certified (state-subsidized) children enrolled in your program at this site in Section I. Indicate the total days of enrollment for noncertified children enrolled in your program at this site in Section II. Multiply the total of each category by the adjustment factor shown. Add the total adjusted days of enrollment of all categories in Section I and Section II and follow instructions for reporting the totals in Part II.

#### SECTION I: CERTIFIED DAYS OF ENROLLMENT

Infants In Centers ( <i>up to 18 months old</i> )	Cumulative Days of Enrollment		Adjusted
Full-time-plus ( <i>10.5 hours and over</i> )	_____	x 2.006	= _____
Full-time ( <i>6.5 hours to under 10.5 hours</i> )	_____	x 1.700	= _____
Three-quarters-time ( <i>4 hours to under 6.5 hours</i> )	_____	x 1.275	= _____
One-half-time ( <i>under 4 hours</i> )	_____	x 0.935	= _____
 <b>Toddlers in Centers (<i>18 months up to 36 months</i>)</b>			
Full-time-plus ( <i>10.5 hours and over</i> )	_____	x 1.652	= _____
Full-time ( <i>6.5 hours to under 10.5 hours</i> )	_____	x 1.400	= _____
Three-quarters-time ( <i>4 hours to under 6.5 hours</i> )	_____	x 1.050	= _____
One-half-time ( <i>under 4 hours</i> )	_____	x 0.770	= _____
 <b>Three Years and Older</b>			
Full-time-plus ( <i>10.5 hours and over</i> )	_____	x 1.180	= _____
Full-time ( <i>6.5 hours to under 10.5 hours</i> )	_____	x 1.000	= _____
Three-quarters-time ( <i>4 hours to under 6.5 hours</i> )	_____	x 0.750	= _____
One-half-time ( <i>under 4 hours</i> )	_____	x 0.550	= _____

**TOTAL Adjusted Certified days of enrollment** = \_\_\_\_\_  
[Enter the TOTAL Adjusted Certified days of enrollment in Part II, Section B, line 1(a)]

#### SECTION II: NONCERTIFIED DAYS OF ENROLLMENT

Infants In Centers ( <i>up to 18 months old</i> )	Cumulative Days of Enrollment		Adjusted
Full-time-plus ( <i>10.5 hours and over</i> )	_____	x 2.006	= _____
Full-time ( <i>6.5 hours to under 10.5 hours</i> )	_____	x 1.700	= _____
Three-quarters-time ( <i>4 hours to under 6.5 hours</i> )	_____	x 1.275	= _____
One-half-time ( <i>under 4 hours</i> )	_____	x 0.935	= _____
 <b>Toddlers in Centers (<i>18 months up to 36 months</i>)</b>			
Full-time-plus ( <i>10.5 hours and over</i> )	_____	x 1.652	= _____
Full-time ( <i>6.5 hours to under 10.5 hours</i> )	_____	x 1.400	= _____
Three-quarters-time ( <i>4 hours to under 6.5 hours</i> )	_____	x 1.050	= _____
One-half-time ( <i>under 4 hours</i> )	_____	x 0.770	= _____
 <b>Three Years and Older</b>			
Full-time-plus ( <i>10.5 hours and over</i> )	_____	x 1.180	= _____
Full-time ( <i>6.5 hours to under 10.5 hours</i> )	_____	x 1.000	= _____
Three-quarters-time ( <i>4 hours to under 6.5 hours</i> )	_____	x 0.750	= _____
One-half-time ( <i>under 4 hours</i> )	_____	x 0.550	= _____

**TOTAL Adjusted Noncertified days of enrollment** = \_\_\_\_\_  
[Enter the TOTAL Adjusted Noncertified days of enrollment in Part II, Section B, line 2(a)]

**Attachment B**  
**Complete this Worksheet to Determine Adjusted Certified and Noncertified Enrollment**  
**for GLTK Contracts**  
**Reporting Days of Enrollment**

Contractor Name	
Site Name	

**Instructions for completing Section I and Section II:**

Use ***cumulative*** certified and noncertified child days of enrollment for the reporting period ending March 31, 2003, to complete this worksheet. Indicate the total days of enrollment for certified (state-subsidized) children enrolled in your program at this site in Section I. Indicate the total days of enrollment for noncertified children enrolled in your program at this site in Section II. Multiply the total of each category by the adjustment factor shown. Add the total adjusted days of enrollment of all categories in Section I and Section II and follow instructions for reporting the totals in Part II.

**SECTION I: CERTIFIED DAYS OF ENROLLMENT**

Kindergarten through Grade 9	Cumulative Days of Enrollment		Adjusted
Full-time-plus (10.5 hours and over)	_____	x 1.50	= _____
Full-time (6.5 hours to under 10.5 hours)	_____	x 1.00	= _____
Three-quarters-time (5 hours to under 6.5 hours)	_____	x 0.75	= _____
One-half-time (2.5 to under 5 hours)	_____	x 0.50	= _____
One-quarter-time (under 2.5 hours)	_____	x 0.25	= _____
<b>TOTAL Adjusted <u>Certified</u> days of enrollment</b>			= _____
[Enter the TOTAL Adjusted Certified days of enrollment in Part II, Section C, line 1(a)]			

**SECTION II: NONCERTIFIED DAYS OF ENROLLMENT**

Kindergarten through Grade 9	Cumulative Days of Enrollment		Adjusted
Full-time-plus (10.5 hours and over)	_____	x 1.50	= _____
Full-time (6.5 hours to under 10.5 hours)	_____	x 1.00	= _____
Three-quarters-time (5 hours to under 6.5 hours)	_____	x 0.75	= _____
One-half-time (2.5 to under 5 hours)	_____	x 0.50	= _____
One-quarter-time (under 2.5 hours)	_____	x 0.25	= _____
<b>TOTAL Adjusted <u>Noncertified</u> days of enrollment</b>			= _____
[Enter the TOTAL Adjusted Noncertified days of enrollment in Part II, Section C, line 2(a)]			

### Attachment C

## Complete this Worksheet to Determine Adjusted Certified and Noncertified Enrollment for GLTK Contracts Reporting Hours of Enrollment

Contractor Name	
Site Name	

**Reporting Period:** *January 1, 2003, through March 31, 2003.* Indicate the hours of certified (state-subsidized) children enrolled in each category during the Reporting Period at this site. Multiply the total of each category in Column A by the adjustment factor shown. Add the total prior period adjusted days of enrollment (Column C) for all categories to determine a total adjusted certified hours of enrollment.

### Section I – Certified Children

Categories	Column A	Column B	Column C
	Total Hours Reported During Report Period for this Site	Adjustment Factor	Adjusted Hours of Enrollment (Col. A X B)
Kindergarten through Grade 9		X 1.00	
Exceptional Needs		X 1.20	
Limited and Non-English Proficient		X 1.10	
At Risk of Abuse or Neglect		X 1.10	
Severely Disabled		X 1.50	
Total Adjusted Certified Hours of Enrollment (Enter this amount below in Section III, line A and line D)			

### Section II – Noncertified Children

Categories	Column A	Column B	Column C
	Total Hours Reported During Report Period for this Site	Adjustment Factor	Adjusted Hours of Enrollment (Col. A X B)
Kindergarten through Grade 9		X 1.00	
Exceptional Needs		X 1.20	
Limited and Non-English Proficient		X 1.10	
At Risk of Abuse or Neglect		X 1.10	
Severely Disabled		X 1.50	
Total Adjusted Noncertified Hours of Enrollment (Enter this amount below in Section III, line B)			

### Section III — Percentage of Certified Enrollment

Total Adjusted Certified Hours of Enrollment \_\_\_\_\_ (A) (From Section I)  
 Plus Total Adjusted Noncertified Hours of Enrollment + \_\_\_\_\_ (B) (From Section II)  
 Equals Total Hours of Enrollment (A + B) = \_\_\_\_\_ (C)

Divide Total Adjusted Certified Hours of Enrollment by  
 Total Hours of Enrollment (A ÷ C) = \_\_\_\_\_ (D) (Percent of Certified Enrollment)

Enter Line D in Part II, Section C, Line 4(c).

### Part III - Total Estimated Costs Summary Worksheet

Use this worksheet to summarize all site information. This worksheet illustrates how CDD confirms the proposed Total Estimated Costs (TEC) are within the maximum award amount.

Contractor Name	
-----------------	--

A.		B.	C.	D.
Site Application Number and Site Name		TEC for all Projects	Times Percent of Certified Enrollment	Prorated Portion of TEC for Certified Enrollment
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
<b>Totals:</b>				

**INSTRUCTIONS:** Insert Total for Column B on page 1, Part I, Cover Page, Line D.  
Insert Total for Column D on page 1, Part I, Cover Page, Line E.